Only

# STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Andy Barr for Congress, Inc. PO Box 2059 ADDRESS (number and street) (Check if address is changed) Lexington 40588 KY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS andybarr@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address chris@andybarrforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.AndyBarrForCongress.com (Check if address is changed) DATE 2019 C00467571 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Anderson, Christopher, E., Mr., Type or Print Name of Treasurer Anderson, Christopher, E., Mr., [Electronically Filed] 01 20 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	2 Forms 4 (Particed 00/0000)	Down 6
	C Form 1 (Revised 02/2009)	Page <b>2</b>
	DF COMMITTEE  date Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.	.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name o Candida	Dan, Gananu Anuv	
Candida Party Af	DED Times	State KY District 06
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida		
Party	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	
(	Committees Participating in Joint Fundraiser	
	. FEC ID number	
2	2. FEC ID number	
3	3.	
2	4.	

FEC Form 1 (Pavisad	02/2009)	Page <b>3</b>
FEC Form 1 (Revised  Write or Type Committee Nam		raye <b>3</b>
Andy Barr for C		
•	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adorchin DAC Sponsor
-		adership PAC Sporisor
Andy Barr Victory Co.	mmittee	
	332 W Lee Highway	
Mailing Address	# 303	
	CITY STATE	ZIP CODE
	ed Organization Affiliated Committee Joint Fundraising Representative entify by name, address (phone number optional) and position of the person	Leadership PAC Sponsor in possession of committee
books and records.		
Andersor Full Name	n, Christopher, E., Mr.,	
Mailing Address	PO Box 2059	
	Lexington KY 40	588
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and t assistant treasurer).	he name and address of
Full Name Anderson of Treasurer	, Christopher, E., Mr.,	
Mailing Address	PO Box 2059	
	Lexington KY 40	
Title or Position Treasurer	CITY STATE	ZIP CODE
	Telephone number	- [

FEC FOILI	<b>n 1</b> (Revised 02/2009)	
Full Name of Designated Agent	Kilgore, Paul, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA 30605	
	CITY STATE	ZIP CODE
Title or Position Assistant Treasu	urer	534
Ranks or Uther	• <b>Denositories</b> • List all hanks or other denositories in which the committee denosits funds, hold	is accollints rents
safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hold exes or maintains funds.  Depository, etc.	is accounts, rents
safety deposit bo	oxes or maintains funds.	is accounts, rents
safety deposit bo	Depository, etc.	is accounts, rents
safety deposit bo. Name of Bank, D	Depository, etc.  Wells Fargo	is accounts, rents
safety deposit bo. Name of Bank, D	Depository, etc.  Wells Fargo	
safety deposit bo. Name of Bank, D	Depository, etc.  Wells Fargo  420 Montgomery Street	
safety deposit bo. Name of Bank, D Mailing Address	Depository, etc.  Wells Fargo  420 Montgomery Street  San Francisco  CITY  STATE	1207
safety deposit bo. Name of Bank, D Mailing Address	Depository, etc.  Wells Fargo  420 Montgomery Street  San Francisco  CITY  STATE	1207
safety deposit bo. Name of Bank, D Mailing Address  Name of Bank, D	Depository, etc.  Wells Fargo  420 Montgomery Street  San Francisco  CITY  STATE  Depository, etc.	1207
safety deposit bo. Name of Bank, D. Mailing Address  Name of Bank, D.	Depository, etc.  Wells Fargo  420 Montgomery Street  San Francisco  CITY  STATE  Chain Bridge Bank	1207
safety deposit bo. Name of Bank, D. Mailing Address	Depository, etc.  Wells Fargo  420 Montgomery Street  San Francisco  CITY  STATE  Chain Bridge Bank	1207

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6,

h). <b>Joint Fundraisi</b> r	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
FRIENDS OF AN	DY BARR COMMITTEE		
1			
Mailing Address	332 W LEE HWY		
	# 303		
	WARRENTON	, , , VA ,	20186
Relationship:	CITY A	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or marks	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which a aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which a aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make the position of Bank, epository, etc	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which a aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material deposit boxes	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make the position of Bank, epository, etc	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundrais</b>			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected PROTECT THE	d Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
TROTEOT THE			
Mailing Address	PO BOX 30844		
	BETHESDA 	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Join fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		at Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE	Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phone number – optional)  CITY		
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esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, Capit epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.  CITY   One Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

(g) or (h). <b>Joint Fundraisin</b>	g Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address	228 S. WASHINGTON ST. STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponso
	Affiliated Committee Joint For by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sponso
Designated Agent: Identify		Fundraising Represent	ative Leadership PAC Sponso
Designated Agent: Identify  Full Name		Fundraising Represent	Leadership PAC Sponso
Designated Agent: Identify  Full Name			Leadership PAC Sponso
Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
Designated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)  CITY		
Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	continuous problems of the positories in which the intains funds.	STATE A ephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	r by name, address (phone number – optional)  CITY   Tele  ries: List all banks or other depositories in which the	STATE A ephone Number	ZIP CODE A
Pull Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	continuous problems of the positories in which the intains funds.	STATE A ephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisir</b>	1	EEC ID sumber	C
1.		FEC ID number	
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4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Bringing Great Re	_		
Mailing Address	824 S Milledge Ave Ste 101		
Mailing Address			
	Athens	GA	30605
Relationship:	CITY A	STATE A	ZIP CODE ▲
	1 0 1 11 A 111 1 1 0 111 Y	E	
	d Organization	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
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esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
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FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b> r	I	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
PATRIOT DAY II	2020		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

1.		FEC ID number	C
2			
3.		FEC ID number	C
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundrais	ing Representative	e, or Leadership PAC Sponsor
TAKE BACK THE	HOUSE 2022		
Mailing Address	PO BOX 30844		
	BETHESDA	, MD	20824-0844
Relationship:	CITY A	STATE ▲	ZIP CODE A
·			
	Affiliated Committee   Joint Fundamental Distriction    Affiliated Committee   Joint Fundamental Distriction    y by name, address (phone number – optional)	ndraising Representa	ative Leadership PAC Spon
		ndraising Representa	Leadership PAC Spon
Designated Agent: Identify		ndraising Representa	Leadership PAC Spons
Designated Agent: Identify  Full Name		ndraising Representa	Leadership PAC Spons
Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
Designated Agent: Identify  Full Name	by name, address (phone number – optional)		Leadership PAC Spons
Designated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)  CITY		
Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito	by name, address (phone number – optional)  CITY   Telep  ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Pull Name Mailing Address  TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail	by name, address (phone number – optional)  CITY   Telep  ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
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Pull Name Mailing Address  TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail	by name, address (phone number – optional)  CITY   Telep  ries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Pull Name Mailing Address  TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the intains funds.	STATE A	ZIP CODE A
Pull Name Mailing Address  TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the intains funds.	STATE A	ZIP CODE A